

6167 Castille Ct.
Orleans K1C 1X4

Mr. John Krauser
Ontario Medical Association
600-250 Bloor East
Toronto

M4W 3P8

February 27, 1989

Dear Mr. Krauser,

Thanks again for your continuing help with respect to environmental sensitivity disorders. It still confounds me that a multitude of problems which have existed for centuries could have been lumped under one title, then their existence debated all in one shot.

I suppose it shortens the agenda for committee meetings!

Would you know how many and which psychiatric disorders are typically diagnosed on the basis of patient interviews?

My angle may be obvious....Surely the statement of someone with environmental sensitivities, who may be an adult person whose credibility should not be called into question without reason, can be a reliable witness as to whether or not they are affected by reactions to substances in the environment, just as someone else might be a credible witness as to what caused their cut, or burn, or poisoning.

Surely the role of the clinician is to help the client with the problem as expressed unless there is good reason to doubt the client. Because no professional group can be expected to be omniscient, surely it cannot be deemed essential that the professional be able to objectively verify the experience of the client for the client's experience to be valid, and supported by the clinician. As Thomson said, the statement "all medical treatments are based on sound scientific research" is "clearly untenable". Certainly the statement "all incidents of medical treatment are based on sound scientific research" is clearly impossible.

This is not an argument against the development of objective treatment protocols, but merely an expression that in the meantime we are obliged to do what we can rather than complaining that we cannot operate as automatons.

Sometimes I think that even with my criticism I give doctors more credit as professionals than doctors do.

Embarking on non-environmental treatment of what may be symptoms of an environmental sensitivity will not reveal which it is, and therefore should be seen as irresponsible. Surely one should explore the problem in such a way so as not to shut out possibilities before they are explored! If environmental sensitivities are explored first, and the symptoms are not a result of environmental sensitivity, they will persist. The patient (client?) should decide when he or she wishes to give up the environmental exploration.

Of course, because of the infinite variety of environmental agents, even once an environmental exploration is abandoned, the possibility of a sensitivity cause should be kept in mind as long as the chronic disability persists.

Surely the only ethical investigation of symptoms previously identified by others to sometimes result from environmental exposures would rule out sensitivity, toxicity, or other intolerance before embarking on a treatment program that would mask (through "treatment" of what may be symptoms) what, in some cases, will be the cause of the problem.

Surely this simple argument is compelling reason for clinicians to take advantage of at least removal/reintroduction and patient interviews to explore potential environmental sensitivity disorders, or, if you will, adverse health effects resulting from idiosyncratic reactions to natural and synthetic chemicals, before closing the possibility of exploring these INTERNATIONALLY RECOGNIZED causes of and contributors to illness, (recognized by World Health Organization, 1984, and by the health care system in Britain, Australia, and New Zealand).

Would you be so kind as to send a list of psychiatric disorders which are typically diagnosed thorough patient interviews?

Would you be so kind as to comment on the idea that before the door is closed on one possibility it should be explored, or as a corollary, that one should proceed with an investigation in an order which keeps it as thorough as possible?

In addition to informing me as to which psychiatric illnesses are typically diagnosed by interview, can the Ontario Medical Association confirm that tests should be carried out in such a sequence as to be as thorough as possible, and that adult persons who may be clients of the medical profession should not have their credibility or direct observations questioned, or brought into question, on the basis of an absence or ignorance of technical knowledge within the profession?

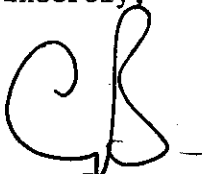
Surely professionals have a responsibility to avoid indirectly labelling people as having delusions, or even possibly having delusions, simply because they, as individual professionals, can not possibly be expected to be in a position to explain everything.

Your continued help in encouraging a more responsible attitude amongst health professionals on matters they may not yet understand well is deeply appreciated. I hope you find your involvement rewarding as well.

Perhaps one day we'll see the rewards.

Thanks again!

Sincerely,

A handwritten signature in dark ink, appearing to be 'CB' with a stylized flourish.

Chris Brown
(613) 837 7173

PS. Increasingly I am struck by the great number of physicians who say they are prepared to take this problem seriously, but that "most physicians say it doesn't exist"!

cc George Thomson, Law Society of Upper Canada
Raj Anand, Ontario Human Rights Commission
Dr. James Darragh, Royal College of Physicians and Surgeons of Canada